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Date of Deposit: March 28, 2001

Receipt

Attorney Docket No. 07473-033

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Sherman  
Serial No.: 09/781,132  
Filing Date: February 9, 2001  
For: SYSTEM AND METHOD FOR SIMULTANEOUS  
MULTIPLE DEATH LIFE INSURANCE  
  
Examiner: Unassigned  
Art Unit: 2166

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Office of Initial Patent Examination's  
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Sir: TRANSMITTAL LETTER

Enclosed herewith for filing in the above-identified patent application please find the following listed items:

1. Request for Corrected Filing Receipt; and
2. Return Postcard.

In connection with the foregoing matter, please charge any additional fees which may be due, or credit any overpayment, to Deposit Account Number 50-0311, and reference Attorney Docket No. 07473-033. A duplicate copy of this letter is provided for this purpose.

Respectfully submitted,

  
Carol H. Peters  
Registration No. 45,010  
Mintz, Levin, Cohn, Ferris,  
Glovsky and Popeo, P.C.  
One Financial Center,  
Boston, Massachusetts 02111  
Telephone 617/348-4914  
Fax 617/542-2241

Date: March 28, 2001



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REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Applicant respectfully requests correction of data appearing on the Filing Receipt received in connection with submission of the present patent application.

The residence of the applicant should be changed from "Residence Not Provided" to -- Westport, CT--.

Attached is a copy of the cover page of the application.

Also attached is a copy of the filing receipt indicating the correction.

Applicant respectfully requests that a corrected Filing Receipt indicating such corrections be issued.

Office is invited to telephone the undersigned attorney at 617-542-6000, should the Office have any questions.

Respectfully submitted,

Carol H. Peters  
Registration No. 45,010  
Mintz, Levin, Cohn, Ferris,  
Glovsky and Popeo, P.C.  
One Financial Center,  
Boston, Massachusetts 02111  
Telephone 617/348-4914  
Fax 617/542-2241

Date: March 28 2001



UNITED STATES PATENT AND TRADEMARK OFFICE

 C.P.  
 COMMISSIONER FOR PATENTS  
 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/781,132	02/09/2001	2166	710	07473-033	2	1	1

CONFIRMATION NO. 1690

## FILING RECEIPT

  
 \*OC000000005872076\*

 Mintz, Levin, Cohn, Ferris  
 Glovsky and Popeo, P.C.  
 One Financial Center  
 Boston, MA 02111

Date Mailed: 03/16/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

WESTPORT, CT

Lawrence M. Sherman, ~~Residence Not Provided~~

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## Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/181,649 02/10/2000

## Foreign Applications

If Required, Foreign Filing License Granted 03/16/2001

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

Early Publication Request: No

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<input type="checkbox"/> Data Entry	_____
<input type="checkbox"/> Docket Entry	_____
<input checked="" type="checkbox"/> Docket Cross Off	<u>YB</u>
<input type="checkbox"/> Previously Entered	_____
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<input type="checkbox"/> Other	_____

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## Title

System and method for simultaneous multiple death life insurance

MAR 26 2001

## Preliminary Class

705

 MINTZ LEVIN, BOSTON  
 PATENT DOCKET DEPT.



Application for United States Letters Patent

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**JUL 31 2001**

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For

**SYSTEM AND METHOD FOR  
SIMULTANEOUS MULTIPLE DEATH LIFE INSURANCE**

*Inventor:*

Lawrence M. Sherman  
Sherman's Way  
Westport, CT 06880

Citizen of U.S.A.

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Date of Deposit: February 9, 2001



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Bib Data Sheet

CONFIRMATION NO. 1690

<b>SERIAL NUMBER</b> 09/781,132	<b>FILING DATE</b> 02/09/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2166	<b>ATTORNEY DOCKET NO.</b> 07473-033
<b>APPLICANTS</b> Lawrence M. Sherman, Westport, CT;  <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/181,649 02/10/2000  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/16/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> Carol H Peters Mintz Levin Cohn Ferris Glovsky and Popeo PC One Financial Center Boston ,MA 02111				
<b>TITLE</b> System and method for simultaneous multiple death life insurance				
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	